



# City of Albuquerque

## Vendor ACH Payment Form

I hereby authorize the CITY OF ALBUQUERQUE to initiate accounts payable payments through automatic bank deposits and, if necessary, adjustments to my account for payments made in error.

\* - Required information

### CHECKING ACCOUNT INFORMATION

ACCOUNT NUMBER:	_____	*
COMPANY/ORGANIZATION NAME:	_____	*
COMPANY/ORGANIZATION PHONE:	_____	*
ACCOUNT NAME (e.g. - Southwest Tire):	_____	*
ABA ROUTING NUMBER:	_____	*
NAME OF BANK OR CREDIT UNION:	_____	*
BANK ADDRESS LINE 1:	_____	*
BANK ADDRESS LINE 2:	_____	
CITY AND STATE:	_____	*
ZIP CODE:	_____	*
COMPANY CONTACT:	_____	*
CONTACT PHONE:	_____	*
AUTHORIZED SIGNATURE:	_____	*
TITLE:	_____	*
DATE (MM/DD/YYYY):	_____	*
EMAIL:	_____	*

**PLEASE RETURN AN ORIGINAL, COMPLETED FORM, ALONG WITH VOIDED CHECK, DIRECTLY TO THE ADDRESS BELOW TO INITIATE ACH PROCESSING SETUP. YOU WILL BE ESTABLISHED AS AN ACH VENDOR AND PAYMENTS WILL BE MADE VIA ACH UPON COMPLETION OF THE BANK VERIFICATION PROCESS.**

Questions regarding this form or your ACH transactions should be directed to the accounts payable department at the address/number below.

DFAS Accounts Payable Office  
City of Albuquerque  
P.O. Box 1985  
Albuquerque, NM 87103

Phone: (505) 768-3423  
Fax: (505) 768-3476  
E-Mail: [jhollyfield@cabq.gov](mailto:jhollyfield@cabq.gov)